

L13000105166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDMD LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LB000105166

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marjorie Obregon  
Name of Person

EDMD LLC  
Name of Firm/Company

3710 San Jacinto Circle  
Address

Sanford FL 32771  
City/State and Zip Code

marjoriedpt@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie Obregon at ( 407 ) 5163459  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: EOMD LLC

2. (a) 1000 Rinehard Rd Suite 2030 (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1000 Rinehard Rd Suite 2030  
Lake Mary FL 32746

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida

4. Document number

5. (a) ERNESTO OBREGON  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1000 Rinehard Rd Suite 2030 Lake Mary FL 32746  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lake Mary, FL 32746

(b) Marjorie OBREGON MGRM

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1000 Rinehard Suite 2030  
**NEW Registered Office Address:**

Lake Mary, FL 32746

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marjorie Obregon MGRM  
Signature of Registered Agent